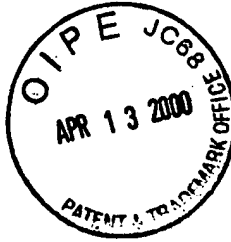


CERTIFICATE OF MAILING

I hereby certify that this paper and every paper referred to therein as being enclosed is being deposited with the U.S. Postal Service as first class mail, postage prepaid, in an envelope addressed to: Commissioner of Patents & Trademarks, Washington, DC 20231,

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Date Name



File No.: 1780/OF908

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Michael DELK and Augustus FELIX

Serial No.: 09/481,120

Group art Unit: 3764

Filed: January 11, 2000

Examiner: TBA

For: ELECTRICALLY POWERED SURGICAL IRRIGATOR

REQUEST FOR CORRECTED FILING RECEIPT

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

Attn.: Application Processing Division
Customer Correction Branch

Sir:

A Filing Receipt (copy attached) for the above captioned application has been received by Applicant's attorney. Upon review of this document it was noticed that errors occurred in it. The Patent Office is respectfully requested to make the

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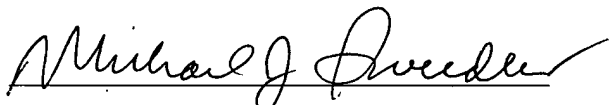
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#3

corrections indicated below and to issue a new and correct Filing Receipt.

In the Applicant(s) section, please correct the place of residence of the first inventor. "NORTH KIMGSTOWN" should be -NORTH KINGSTOWN-.

Respectfully submitted,

Dated: March 30, 2000



Michael J. Sweedler

Reg. No. 19,937

Attorney for Applicant(s)

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805 Third Avenue
New York, New York 10022
212-527-7700

(D&DForms/PTO-23)

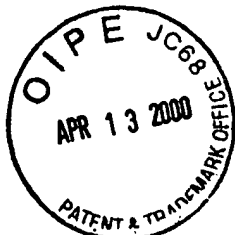
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| 09/481,120 | 01/11/00 | 3764 | \$690.00 | 1780/OF908 | 6 | 13 | 3 |

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805 THIRD AVENUE
NEW YORK NY 10022



Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) MICHAEL DELK, NORTH ~~KINGSTOWN~~, RI; AUGUSTUS FELIX
CRANSTON, RI.

KINGSTOWN

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/17/00

TITLE

ELECTRICALLY POWERED SURGICAL IRRIGATOR

PRELIMINARY CLASS: 504

Computer PC
D&D Entry PC
Looseleaf PC
Folder _____
Card _____
Letter _____
Foreign File _____

DATA ENTRY BY: BELL, DOROTHY

TEAM: 04 DATE: 02/17/00



(See reverse for new important information)

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Bib Data Sheet

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| SERIAL NUMBER 09/481,120 | FILING DATE 01/11/2000 RULE - | CLASS 604 | GROUP ART UNIT 3764 | ATTORNEY DOCKET NO. 1780/OF908 | |
| APPLICANTS MICHAEL DELK, NORTH KINGSTOWN, RI ; AUGUSTUS FELIX, CRANSTON, RI ; | | | | | |
| ** CONTINUING DATA ***** <i>None ICS</i> ***** | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>None ICS</i> ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/17/2000 ** | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no | | STATE OR COUNTRY RI | SHEETS DRAWING 6 | TOTAL CLAIMS 13 | INDEPENDENT CLAIMS 3 |
| 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance | | | | | |
| Verified and Acknowledged <i>Kevin C. Sidman</i> <i>ICS</i> Examiner's Signature Initials | | | | | |
| ADDRESS DARBY & DARBY 805 THIRD AVENUE NEW YORK, NY 10022 | | | | | |
| TITLE ELECTRICALLY POWERED SURGICAL IRRIGATOR | | | | | |
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